

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
Substitute for Form PTO-1360
(For use with Form PTO/SF-001)

Application Number

10/687,684

Filing Date

Applicant(s)

CLAIM#	AS FILED 578-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	5					
Total Depend	1					
Total Claims	6					

May be used for additional claims or amendments

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